

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20158

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2108 W SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

2108 W SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**Current Mailing Address:**

P.O. BOX 2495  
OCALA, FL 34478 US

**New Mailing Address:**

2108 W SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

FEI Number: 65-0039166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2108 W SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES W HART JR

04/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHANKS, JOSEPH M  
Address: 3600 SW 36TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: VPTD ( ) Delete  
Name: JONES, DAVID  
Address: 3530 SW 36TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: SD ( ) Delete  
Name: NICLES, ROBINS  
Address: HWY 268 E  
City-St-Zip: NORTH WILKESBORO, NC 28659

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: JONES, DAVID  
Address: 3530 SW 36TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change ( ) Addition  
Name: ROBINS, NICLES  
Address: HWY 268 E  
City-St-Zip: NORTH WILKESBORO, NC 28659

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M SHANKS

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date